



People affected

14.8 million affected by crisis

3.7 million targeted for health services

1.4 million internally displaced in Borno State

Impact on the health sector

More than 50% of health facilities poorly or not functioning

Mortality and severe acute malnutrition rates well-above emergency thresholds, but decreasing when partners have access to intervene

Funding needs

Health Sector requested

US\$ 53.1 million requested

87% funding gap

WHO requested

US\$ 18.7 million

84% funding gap

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WHO supports outreach activities in areas that are difficult to access in Borno State through Hard-to-Reach Teams. The teams provide health services such as routine vaccination, deworming, detection and treatment of diseases, and screening for severe acute malnutrition. WHO/P. Ajello.

WHO's top priority is to significantly reduce rates of death and disease in north eastern Nigeria

WHO objectives

WHO's objectives for the response to the health crisis in north eastern Nigeria, in support of the Ministry of Health's efforts:

- Delivering essential, lifesaving health services to people
- Gathering and analyzing health information to guide actions
- Preparing for and responding to disease outbreaks
- Coordinating the Health Sector together with the Government of Nigeria

WHO actions and achievements to date

Since scaling up its emergency response in August 2016, WHO:

- Supported the Borno State Ministry of Health in developing the overall Health Sector response strategy
- Vaccinated more than 10 000 children against measles in 2 days. An even larger measles campaign is planned for January 2017
- Vaccinated 1.9 million children in Borno State, through the Global Polio Eradication Initiative supporting the Government of Nigeria, with more vaccinations planned
- Rapidly expanded and strengthened communicable disease detection and response to more than 160 health facilities
- Conducted a rapid health facility assessment in 159 health facilities to understand the health needs
- Supported 24 mobile health teams spread across 14 LGAs



WHO actions and achievements to date (continued)

- Shipped 10 Interagency Diarrhoeal Disease Kits. These will provide treatments for 1000 severe cholera cases, 4000 moderate cholera cases, and 1000 adults and 1000 children affected by Shigella dysentery
- Provided 7 full Interagency Emergency Health Kits (IEHK) to provide essential medicines and supplies for 70 000 people for 3 months
- Delivered 15 500 malaria rapid diagnostic tests with more plans for greater malaria response
- Trained 89 local health staff to conduct the HeRAMS approach (Health Resources and Services Availability Monitoring) and assessed the availability of key health services in all health facilities across Borno State
- Trained 6 new hard-to-reach teams of 6 workers each offering a basic health package to nearly 750 000 people in newly liberated local government areas (LGAs) in Borno State
- Trained health workers to serve some 266 000 people in 14 satellite camps and host communities. Further trainings are planned

Emerging issues for WHO and Health Sector response

In Borno State, the levels of suffering and death remain above emergency thresholds. The impacts of Health Sector actions remain limited by insufficient food, restricted access and high insecurity. However, when Health Sector partners gain access, mortality and malnutrition rates can rapidly decrease. For example, Médecins Sans Frontières recently reported seeing the situation in Bama and in other locations significantly improve after providing adequate food and medical aid. Beyond injuries and death caused by conflict, threats from malaria, measles, meningitis and other diseases are on the rise. Despite vaccination campaigns, routine immunization rates are low. **WHO expects the number of people potentially benefiting from health assistance in north eastern Nigeria to nearly double to over 6 million** as more people are reached.

The security situation makes the working environment extremely challenging. **To move anywhere outside of Maiduguri in Borno State, two armored vehicles and a military escort are required**. Security challenges coupled with the difficult terrain in parts of Borno State make it hard to conduct quick investigations of suspected cases of communicable diseases in the affected communities. Water, Sanitation and Hygiene (WaSH) conditions remain poor, particularly in the newly liberated areas and other informal camps in or near Maiduguri.

Health facilities have been targeted during the conflict, restricting access to basic services and deterring health care professionals from working in areas where they are most needed. Out of the 631 known health facilities in Borno State, only 305 are accessible. More than half are inaccessible due to security reasons. Seventeen partners make up the Health Sector, and partially support 172 health facilities of the 305 accessible ones. **More partners are needed to deal with huge health needs of the population.** Partners also need greater access, resources and consistent supply chains. WHO's initial kit supplies were sent as a start-up action, and future supplies are expected to be sourced by Health Sector partners.

Next steps and priorities

WHO will continue scaling up its response with partners. WHO's next steps and priorities:

- Establish an Emergency Operations Centre to coordinate all health sector response operations
- Double the number of mobile health teams for hard-to-reach populations
- Train and support more community health workers (goal of 1 per 250 households)
- Continue to implement supplemental immunization activities against polio
- Conduct a mass measles campaign
- Establish rapid response teams and stockpiles for disease outbreaks in 12 areas
- Double temporary/mobile health teams for internally displaced persons (from 17 to 35)
- Restore/strengthen initial 25 existing health facilities
- Take specific actions to strengthen management of malaria, which is a leading cause of mortality
- Link health and nutritional interventions together for a common goal of reducing mortality and malnutrition